

Histology Correlation and cost savings for operative Hysteroscopy UHL, London 2023

Objectives:

With increasing adoption of ambulatory procedures, there has been a doubling in operative hysteroscopies in our unit in 2023. This study was carried out to assess the indications and outcomes for outpatient operative hysteroscopy, using the Mysore Tissue Retrieval system in an inner London district hospital over a year.

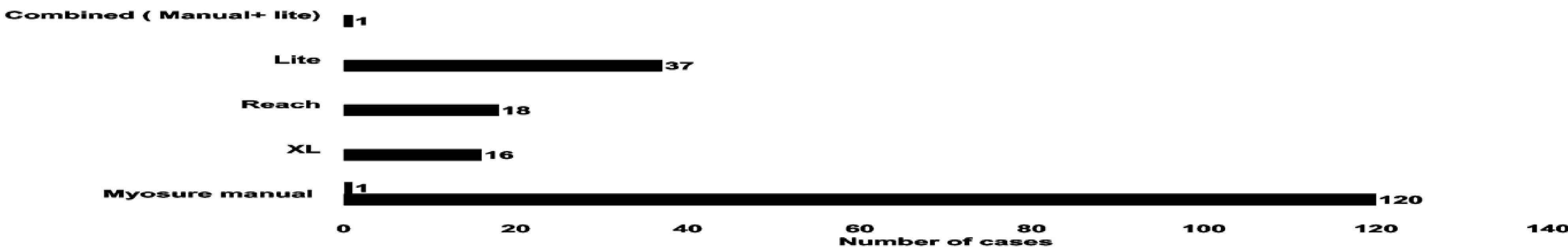
Methods:

Retrospective collection of data for cases performed between January-December 2023. There were 672 referrals for outpatient hysteroscopy (OPH), of which 193 were operative procedures (28.7%).

Data Collection

- A retrospective review of all cases where outpatient operative hysteroscopy was performed using a Myosure device in 2023
- There were total 672 cases referred for outpatient hysteroscopy, 192 (28.6%) underwent some form of minimal invasive hysteroscopic operative management.
- We compared the hysteroscopic diagnosis and final histology
- We analysed the type of myosure device used by the operator, which each incur different cost to the trust.

Different Types Of Myosure Devices In Use

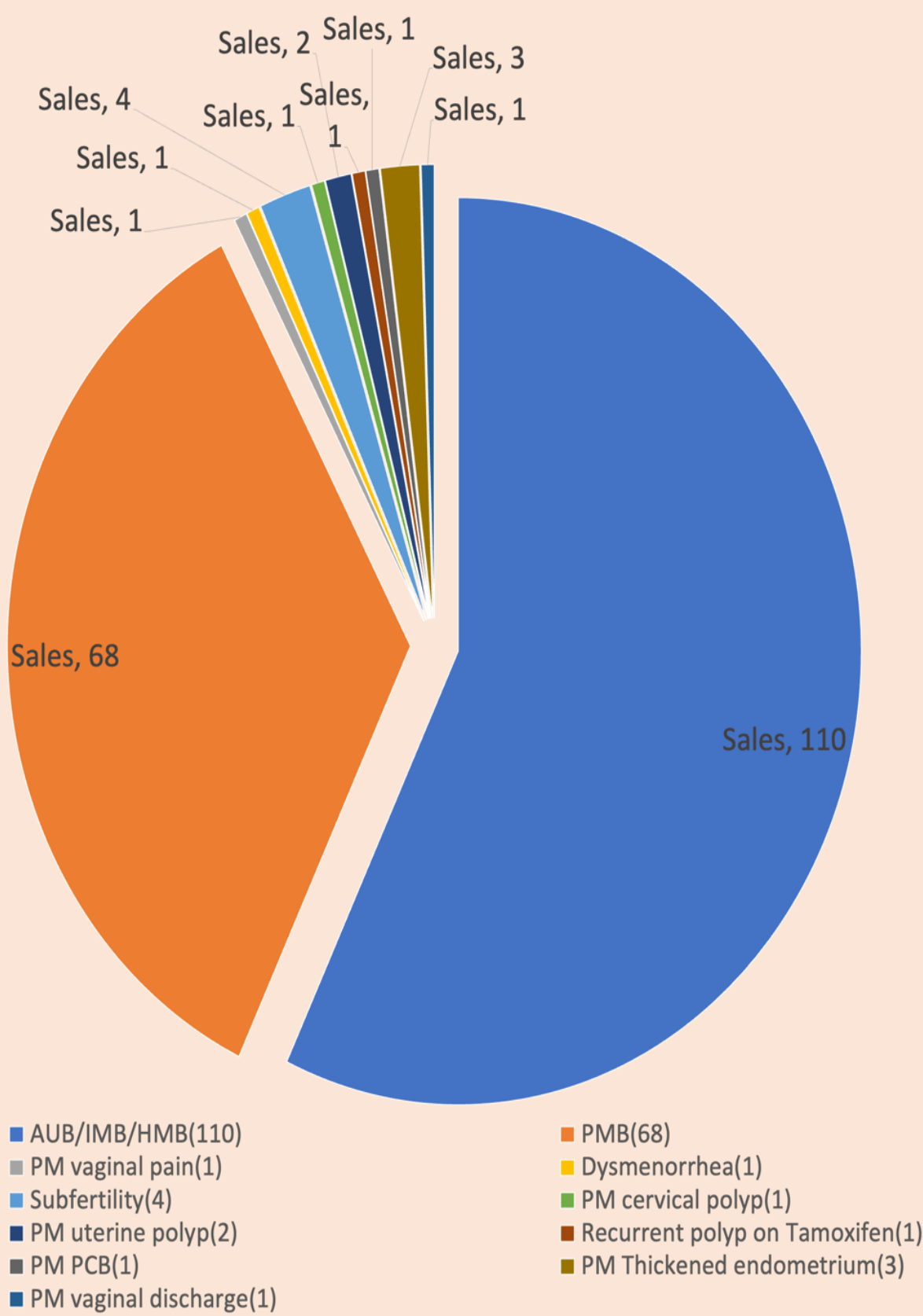


Results : Indications for referral

The most common indication for operative hysteroscopy in premenopausal women was Abnormal uterine bleeding (110/193, 57.29%).

The second most common indication was postmenopausal bleeding (68/193, 35.24%).

The other indications for referral included vaginal discharge (1), recurrent polyp on tamoxifen (1) and thickened endometrium (3)

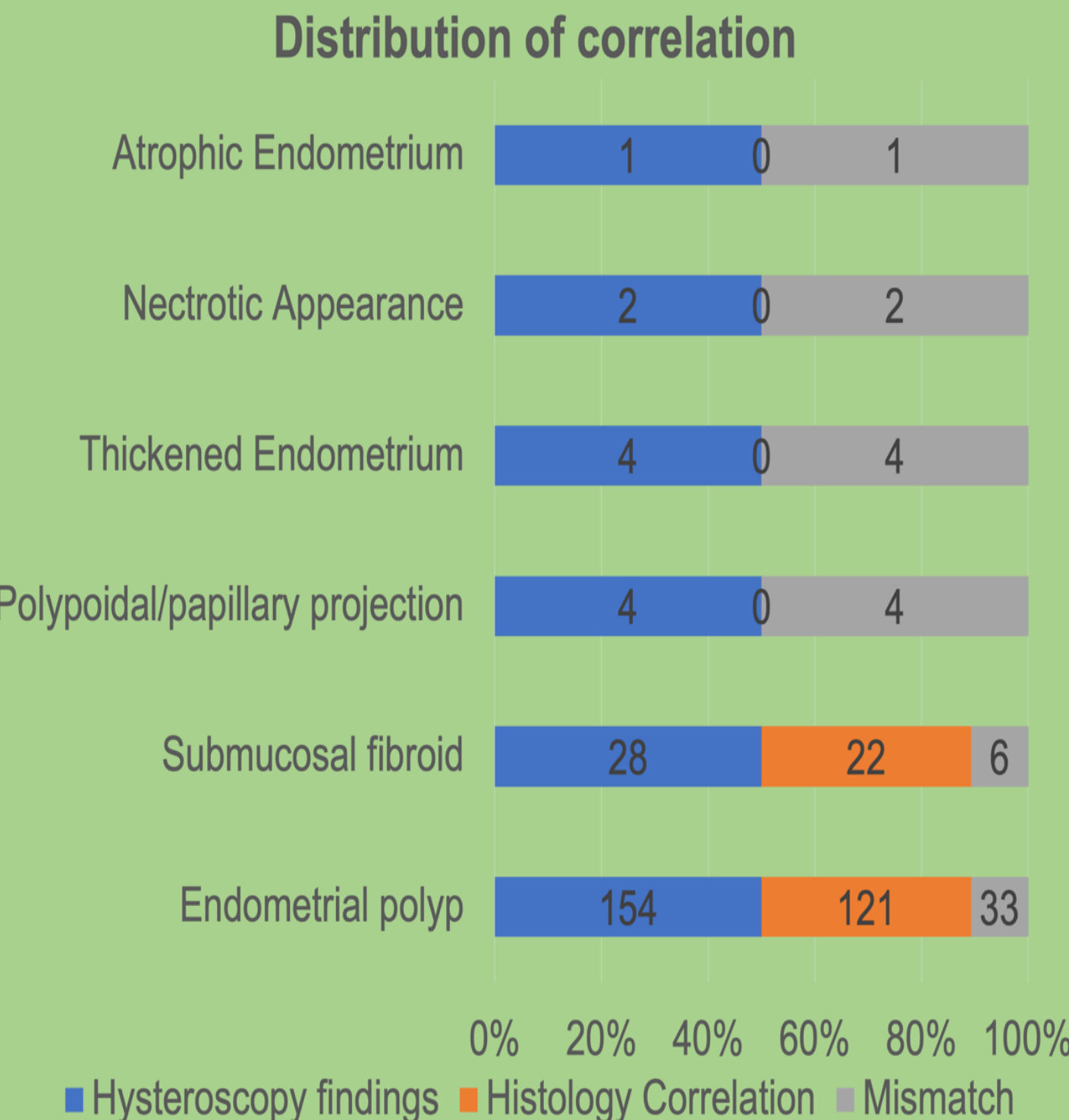


Hysteroscopic findings

The most common finding on hysteroscopy was Uterine/cervical polyp in 154/192 (80.2%) while the second most common finding was Submucosal fibroid seen in 28/192 (14.5%) of the patients.

In cases with a hysteroscopic diagnosis of polyps and SMF, there was 78.57% histological correlation.

The most common histological mismatch was secretory endometrium in 13 (8.4%). Diagnosis of submucosal fibroids was confirmed in 23/26 (88.5%), while the remaining were secretory endometrium on histology.



Results

- The Myosure Manual stands out as the most cost-effective device, with the lowest procurement cost (£296.70) and lowest overall outpatient hysteroscopy cost (£717.65). It also provides the highest reimbursement saving for the Trust (£382.35), making it the most economical option among all.
- The Myosure Lite offers a good balance between affordability and functionality. Although it requires an additional Fluent system cost, bringing its total to £427.66, it still delivers a Trust saving of £253.39—less than Manual and Truclear, but still significant.
- The Myosure Reach, priced higher at £648.26, offers clinical advantages for accessing difficult-to-reach polyps. Despite a reduced Trust saving of £30.79, it may prevent failed procedures and re-interventions, justifying its higher cost in complex cases.
- Finally, the Myosure XL has the highest total cost (£733.66) and results in a negative Trust saving (-£54.61). However, it may be justified in cases involving large polyps or high-volume resections, where its efficiency can potentially reduce the need for multiple procedures or theatre time.

Conclusion

- Outpatient operative hysteroscopy is a cost-effective way of dealing with common intrauterine pathology
- There is a 78.57% correlation between histology and visual diagnosis. The most common benign cause for misdiagnosis of polyp was secretory endometrium, as procedures are not timed to be undertaken in the post menstrual period.
- There is a high rate of significant pathology in symptomatic postmenopausal women, which suggests a more interventionist approach is justified in this group.
- In comparison to the GA-theatre procedure, outpatient procedures offer better value for money with minimal complication, zero bed occupancy and greater patient satisfaction rate.
- Cost effectiveness varies depending on type of equipment used and clinicians should try to select equipment based on clinical need and use the most cost effective approach.